STDs in the South

Public Health Impact

The southern region of the U.S. (Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia) has higher rates of primary and secondary (P&S) syphilis and gonorrhea than other regions of the country. The reasons for regional differences in rates are not well understood, but may include differences in racial and ethnic distribution of the population, poverty, and availability and quality of health care services. These racial and ethnic differentials in STD rates are particularly disturbing in light of the fact that STDs facilitate HIV transmission at least two to five fold. High HIV prevalence among childbearing women living in the South may be due, in part, to the high rates of these other STDs. Data from a randomized controlled trial of STD treatment to prevent HIV infection suggest that as much as a 40% reduction in HIV incidence might be achieved in areas with high STD rates[1].

Observations

- The South has consistently had higher rates of both gonorrhea and P&S syphilis compared with other regions throughout the 1980s and 1990s (Figures 12, 13, 27 and 29, Tables 14 and 25). During 1996-1998, the South also had the highest rate of chlamydia (Table 5) compared to the other regions.
- In 1998, 8 of the 10 states with the highest chlamydia rates were in the South (Table 4). Similarly, 9 of the 10 states with the highest rates of gonorrhea were located in the South (Figure 12, Table 13). Nine southern states, 1 western state, and 2 outlying areas had rates of P&S syphilis above the HP2000 objective of 4 per 100,000 (Figure 27, Table 24). Seven of the 9 southern states had rates of P&S syphilis that were 1.6 to 3.2 times greater than the HP2000 national objective (Figure 27, Table 24).
- In 1998, 285 (91%) of 312 counties with P&S syphilis rates above the HP2000 objective were located in the South (Figure 28 and Figure BB).
- Of the 285 counties in the South that had a 1998 P&S syphilis rate above 4.0 per 100,000 population, 159 (56%) had an increase in the rate from 1997 to 1998 (Figures BB and CC).
- County-specific rates of chlamydia and gonorrhea in 1998 were produced for those southern states submitting county level data (Figures DD and EE). These county level data were reported through the National Electronic Telecommunications System for Surveillance (NETSS), *and are provisional for all states shown except Alabama, Arkansas, Delaware, Oklahoma, Texas, and*

Virginia where hardcopy reports have been discontinued based on the submission of consistent, quality, and timely submissions of NETSS data.

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[1] Grosskurth H, Mosha F, Todd J, *et* al. Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomized controlled trial. *Lancet* 1995;346:530-6.

Figure BB. South — Primary and secondary syphilis case rates by county, 1998

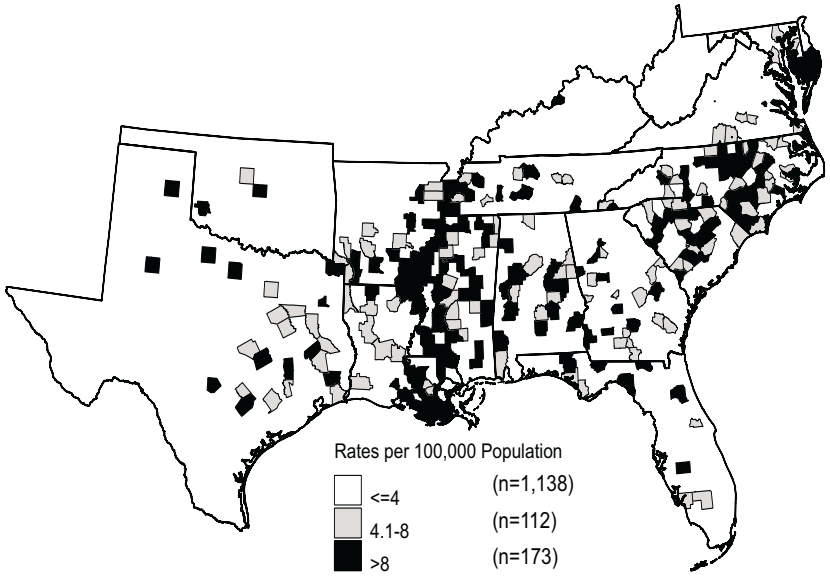
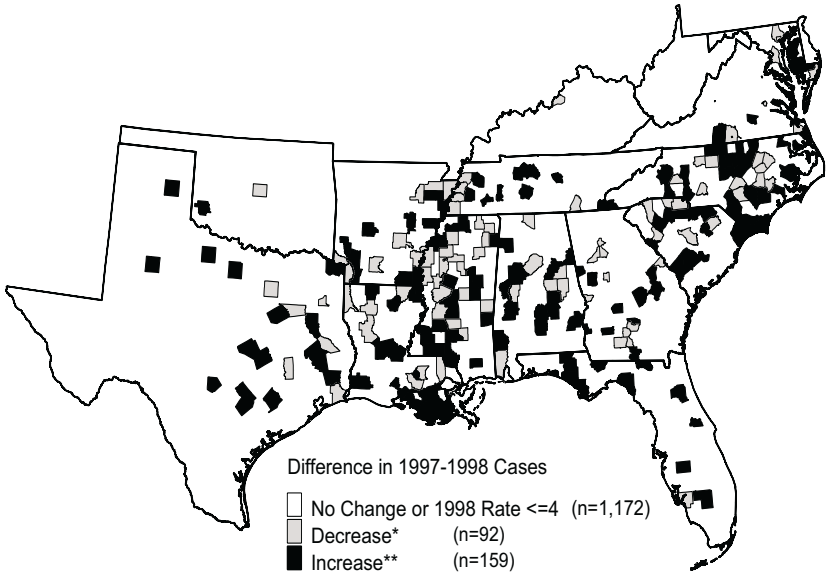
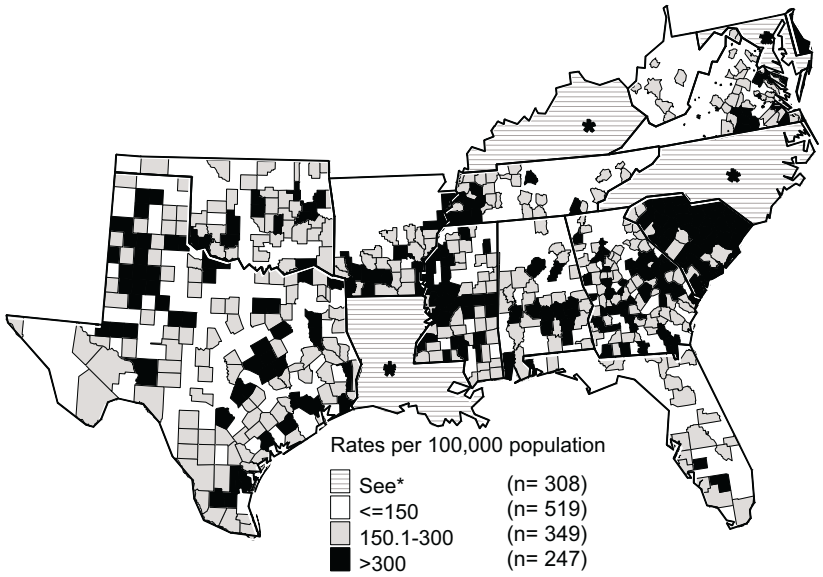


Figure CC. South — Increases and decreases in cases of primary and secondary syphilis in 1998 compared with 1997 cases, by county



*Decrease in cases in 1998 vs. 1997; 1998 rate >4.0/100,000 population.
**Increase in cases in 1998 vs. 1997; 1998 rate >4.0/100,000 population.

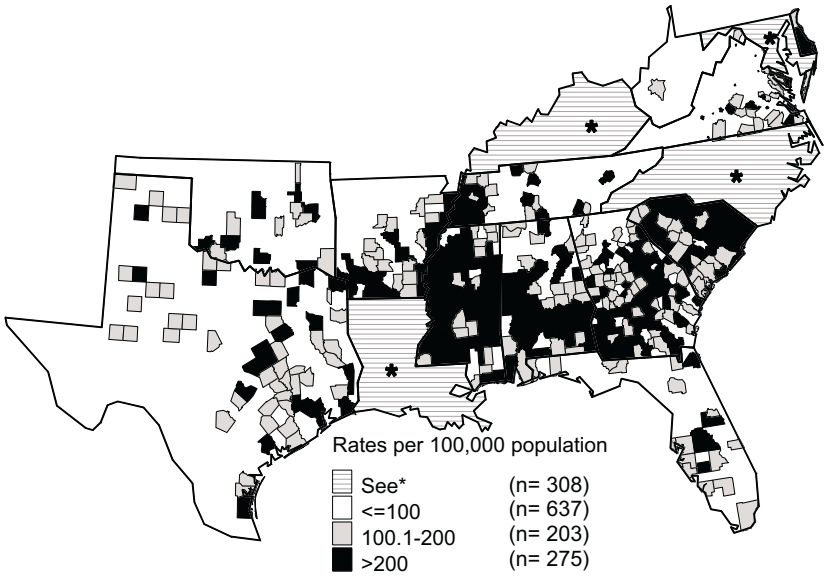
Figure DD. South — Chlamydia case rates by county, 1998



*States not submitting county level data.

SOURCE: National Electronic Telecommunications System for Surveillance (NETSS) data

Figure EE. South — Gonorrhea case rates by county, 1998



*States not submitting county level data.

SOURCE: National Electronic Telecommunications System for Surveillance (NETSS) data